

# Arthritis Self-Management Program

## Safe and Effective Outcomes Summary

### Program Overview

The Arthritis Self-Management Program was developed by Kate Lorig, DrPH at Stanford University. It is now offered throughout Australia, New Zealand, Canada and the United Kingdom. The program is a six-week series of classes, taught in a group setting by a pair of trained leaders (lay people with arthritis and health professionals). The standardized curriculum was developed on the basis of a needs assessment documenting the concerns of people with arthritis, such as pain, disability, fear, and depression. The course content focuses on what people need to know and do to address these arthritis-related problems, as well as generic skills, such as how to use problem-solving skills to adapt to changes in their disease activity and level of function. To achieve its positive results, the Arthritis Self-Management Program strongly emphasizes adult learning principles and group process techniques designed to foster behavior change and to improve self-efficacy (one's confidence or belief that he or she can achieve a specific behavior or cognitive state). Self-efficacy enhancing features include people with arthritis as facilitators, weekly action plans, goal setting, brainstorming, and problem-solving to help participants make positive lifestyle changes. The Arthritis Self-Management Program is conducted over six weeks to allow participants adequate opportunity to practice new behaviors and skills.

### Arthritis Self-Management Program Evaluation Studies At-A-Glance

Lorig et al, 1985	Randomized, pretest – posttest with 20-month follow-up (n=286).	<b>Four month follow-up:</b> <ul style="list-style-type: none"><li>■ ↑ knowledge and practice of self-management behaviors</li><li>■ ↓ pain, reduced ~ 20%</li></ul> <hr/> <b>20-month follow-up:</b> <ul style="list-style-type: none"><li>■ ↑ knowledge and practice of self-management behaviors</li><li>■ ↑ exercise</li><li>■ ↓ percent reporting disability</li></ul>
Lorig et al, 1993	Longitudinal, randomized controlled trial with four-year follow-up (n=343).	<ul style="list-style-type: none"><li>■ ↓ pain, reduced 20%</li><li>■ ↓ MD visits, reduced 40% with suggested cost savings of \$648 for RA participants and \$189 for OA participants</li></ul>
Kruger et al, 1998	Cost-effectiveness analysis.	<ul style="list-style-type: none"><li>■ ↓ pain</li><li>■ Cost savings from both societal and healthcare system perspectives (estimated to be \$2.5 million over 4 years with 10,000 participants)</li></ul>
Barlow et al, 2000	Randomized, pretest – posttest, four-month and 12-month follow-up design conducted in Great Britain (n=544).	<ul style="list-style-type: none"><li>■ ↑ self-efficacy, cognitive symptom self-management, communication with physician</li><li>■ Positive changes in diet and exercise</li><li>■ ↓ depression</li><li>■ Showed program was effective for non-American populations</li></ul>

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## References

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